

**Qualifying Criteria  
For  
Office of the Arizona State Fire Marshal  
Authorized Fire Service Instructor**

**Authorization Application**

Last Name	First Name	M.I.	
Mailing Address	City	State	Zip
EIN	Phone	Phone (other)	
Email Address		FAX	
Agency Affiliation		Phone	
Agency Mailing Address	City	State	Zip

<b>Please check which of the following Qualifying documents you are submitting for review</b>	
Current, valid Community College credential	<input type="checkbox"/>
Evidence of completion of NFA Fire Service Instructional Methodology course	<input type="checkbox"/>
Evidence of completion of NFPA Fire Service Instructor I course	<input type="checkbox"/>
Evidence of completion of four semester units of upper division credit in educational materials, methods and curriculum development	<input type="checkbox"/>

<p>Please list the course(s) you wish to be authorized to teach</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> </ol>
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Do you have a minimum of 2 years experience in the subject area you wish to instruct?

YES

NO

### **Qualifying Course Work**

Are you certified as an instructor for the course(s) you wish to instruct?

YES

NO

If yes, please submit copies of all relevant certificates

Have you attended and passed the accredited course(s) you wish to instruct?

YES

NO

If "yes", please submit appropriate supporting documentation

Have you participated in curriculum development or maintenance of the course(s) you wish to instruct?

YES

NO

Have you taught the current course curriculum as an OSFM Lead Instructor within the past five (5) years?

YES

NO

### **Qualifying Teaching Experience**

Have you completed at least 20 hours of teaching within a fire service related program?

YES

NO

### **Application Process**

Submit a complete application package to the State Training Officer for review that includes ALL of the following:

Authorization Application Form  
Current resume of education, position/rank, and experience  
Verification of instructor training and experience  
Verification of subject related occupational experience  
Verification of course work

**Note:** Written verification of occupational and teaching experience shall be submitted on department letterhead and signed by a supervisor and/or Chief.

Instructor applications and resumes will be reviewed by the Instructor Review Committee and forwarded to the State Fire Training Officer for final consideration.

Any identified application deficiencies must be satisfactorily resolved within one (1) year of notification of those deficiencies by the State Fire Training Officer.

Any deficiencies noted to an applicant from a review not remedied within one year of notification will require the applicant to resubmit the entire application package for review by the Review Committee.

If the instructor candidate has displayed conduct that does not uphold the values of honesty, integrity, and responsibility expected by an OSFM instructor, authorization may be denied or revoked.

### **IMPORTANT NOTE:**

All applicants approved to become OSFM Authorized Instructors **MUST** become members of the Training Section of the Arizona Fire Chief's Association prior to being permitted to instruct. This is to provide liability protection to the instructor through the Chief's Association. Verification of membership must be provided to the OSFM before final authorization is granted.

Review Committee Recommendation:

RECOMMEND APPROVAL FOR AUTHORIZED INSTRUCTOR ☐  
RECOMMEND APPRENTICESHIP ☐

I, \_\_\_\_\_ (Type or Print Name) do certify and affirm that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts will cause denial or forfeiture of my application as an authorized instructor for the Office of the Arizona State Fire Marshal (OSFM), and shall be just cause for termination of any teaching assignments I may have with the OSFM. I further authorize all agencies and entities referenced in this application to furnish the OSFM with any and all information regarding me in order to determine suitability for employment as an authorized instructor with the OSFM. I further release said agencies or persons from all liability from any damages that may occur from furnishing such information to the Office of the Arizona State Fire Marshal.

Date of Birth \_\_\_\_\_

EIN # \_\_\_\_\_

Drivers License Number \_\_\_\_\_

State of Issue \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Completed application packages should be submitted to the State Fire Training Officer at the following address:

Office of the Arizona State Fire Marshal  
Attn: State Fire Training Officer  
1110 West Washington, Suite 100  
Phoenix, Arizona 85007